## **OATH OF OFFICE**

| STATE OF LOUISIANA   | PARISH OF  |
|--|--|
| I,(Print or Type Nam constitution and laws of the Unite  | do solemnly swear (or affirm) that I will support the ed States and the constitution and laws of this state and that I will faithfully and |
| impartially discharge and perform  | n all the duties incumbent on me as <u>Notary Public/ExOfficio Notary/Deputy Clerk.</u> (circle one)                                       |
| for the  | Notary Public / Agency Name if Ex-Officio or Deputy Clerk)   |
|  |  |
| according to the best of my ability  | y and understanding, so help me God.   |
| (  | Mr. Ms. (Circle One) Mrs. Miss   |
|  | (Signature)  |
| (Officials authorized to administer<br>oaths: Governor, Secretary of State,<br>Clerks of Court, Notaries Public,<br>Judges, Justices of the Peace) | Sworn to and subscribed before me this day of ,  (Signature)  (Printed name of Official Administering Oath – I.D. number if applicable)    |
|  | (Printed name of Official Administering Oath – I.D. number if applicable)  |
| ATTENTION: An address and telephone number must be provided for public record.   |  |
| Residence Mailing Address:   | Office Mailing Address:  |
|  |  |
| Telephone:   | Telephone:   |

- 1. File an **original** Oath of Office with: Secretary of State, P.O. Box 94125, Baton Rouge, LA 70804-9125.
- 2. File a **duplicate original** Oath of Office with the parish Clerk of Court within one month after the oath is administered. (In Orleans Parish file with the Clerk of Civil District Court.) (See R.S. 42:162)